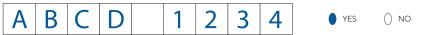
HOW TO FILE YOUR DEPENDENT CARE ACCOUNT REIMBURSEMENT CLAIM

This form is to be used only to request reimbursement for dependent care expenses. To view a detailed list of eligible dependent care expenses, visit **www.myshps.com**. In general, and subject to the rules of your employer's plan, the following rules apply to dependent care expenses:

- The individual receiving care must be either a qualifying child or a qualifying relative. (see below for IRS definition of dependent)
- The individual must be under the age of 13 unless he or she is physically or mentally unable to care for himself or herself.
- •The expenses must be incurred so that you and your spouse, if married, can work or your spouse can attend school on a full-time basis.
- Child care or elder care centers must comply with all applicable state and local laws in order for dependent care expenses to be reimbursed.
- •The annual amount of dependent day care claims cannot exceed your annual deposit amount up to (a) \$5,000, (b) \$2,500 if married and filing separate returns, or (c) your or your spouse's annual salary, if less than \$5,000.

Step 1: Fill out the form

• Please print in capital letters, with your letters centered in the boxes provided and fill in all ovals as shown:



- Complete all sections of the claim form. Sign and date the bottom of the form.
- If your claims exceed the number of lines provided, please use page 3 for additional claim.

Step 2: Attach supporting documentation

• Copy your receipts or other supporting documentation onto a white, letter-sized sheet of paper. Place your receipts so they all face the same direction. And write your Social Security Number at the top of the page.

Step 3: Submit your claim (Faxing is faster)

- By Fax: Send the claim and copied receipts as one multi-page fax. Do not include a fax cover sheet. If you provide your e-mail address, SHPS will e-mail you confirmation we received your claim.
- By Mail: Place the form and the supporting documentation into an envelope, apply the correct postage, and mail.
- Keep a copy of your completed claim form and receipts throughout the plan year.

Step 4: Receive your reimbursement (Direct Deposit is faster)

• By using Direct Deposit or Electronic Funds Transfer (EFT), you'll receive your reimbursement funds up to five days faster than by receiving a check. To sign up, log in to your account at **www.myshps.com** and select "Direct Deposit Sign-Up" from the left-side menu.

Type of Supporting Documentation:

You must include supporting documentation for your dependent care expenses with your claim. Attach a copy of the bill or signed receipt, or have the provider sign the Affidavit on Section 2 of the claim form. Claims without the Tax ID number for all providers will be denied.

Please Do Not:

- · Use red ink
- Use a photocopy of the form
- Highlight receipts or any part of the claim form
- Staple your copied receipts to the claim form
- Write outside the boxes provided
- If faxing, fax the same claim more than once
- Mail the same claim that you have faxed
- Include this instruction sheet with your fax

New IRS Tax Dependent Definition:

A recent change to the Internal Revenue Code revised the definition of "dependent." Generally speaking, a qualifying child must reside with you for more than half the year and must not provide over half of his/her own support. A qualifying relative is an eligible individual if (1) you provide more than half of the individual's support, and (2) the individual is not a qualifying child of you or any other taxpayer, and (3) the individual's gross income is less than \$3,200 in 2005. Please note that any questions regarding the status of an individual as either a qualifying child or a qualifying relative must be discussed with a qualified tax advisor in conjunction with the provisions of your employer's plan.

REIMBURSEMENT CLAIM FORM – DEPENDENT CARE EXPENSES Use only CAPITAL LETTERS, completely fill in ovals, and don't use red ink.

FAX CLAIMS TO: 1-866-643-2219 TOLL FREE

For additional claim requests, please use next page.

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USE THIS PAGE FOR ADDITIONAL DEPENDENT CARE CLAIMS.

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